MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11928

11910

CERTIFICATE OF DEATH

Reg. Dist. No. 29D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne - Rural; LENGTH OF STAY (in this place) MARYLAND 40 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Queen-Anne-Cordova Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Queen Anne; STREET ADDRESS (If rural, give location) Queen Anne - Cordova Road

3. NAME OF DECEASED (Type or Print): (First) Lulu (Middle) Jones (Last) Anderson

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 12, 1883

9. AGE last birthday: 71 yrs.

If under 1 year: Months; Days

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George P. Jones

14. MOTHER'S MAIDEN NAME: Eliza McGinley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 218-16-7833

17. INFORMANT AND ADDRESS: Mrs. George W. Pullin, Church Hill, R.D., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1 day

410X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Stenosis of the mitral ostium — about 60 years

(c) Rheumatic carditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1954, to Dec. 31, 1954, that I last saw the deceased alive on Dec. 31, 1954, and that death occurred at 7 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Mrs Geo. W. Pullin M.D., Queen Anne Md Jan 3, 1955

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Jan 4, 1955

NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery

LOCATION (City, town, or county) (State): Hillsboro, Maryland

DATE REC'D BY LOCAL REG.: 1/5/55

REGISTRAR'S SIGNATURE: M. H. Ferris

24. FUNERAL DIRECTOR ADDRESS: W. Frampton Caulk, Easton, Md.

RECEIVED
JAN 6 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11911

11907

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
LENGTH OF STAY (in this place) 24yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harrison St. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, Md. 40
STREET ADDRESS (If rural give location) Harrison St.

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) S. (Last) Barnes
4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widow
8. DATE OF BIRTH: May 31, 1873
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Talbot Co.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Silas Sullivan
14. MOTHER'S MAIDEN NAME: Helsby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Miss Polly Barnes, Easton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) arteriosclerotic Heart Dis. — INTERVAL BETWEEN ONSET AND DEATH: several
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) & Hypertension — years
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: D
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1/54, to 12/6/54 that I last saw the deceased alive on 12/4/54, and that death occurred at 5 P.M., from the causes and on the date stated above.
SIGNATURE B Coe M. D. ADDRESS Easton Md. DATE SIGNED 12/7/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF 12-9-54
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) (State) Easton, Talbot, Maryland.

DATE REC'D BY LOCAL REGISTRAR 12-8-54
REGISTRAR'S SIGNATURE M. H. Meares
24. FUNERAL DIRECTOR Maurice E. Newnam & Son
ADDRESS Easton, Md.

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DEC 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12061

11908 CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton Rt 1
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR ~~INSTITUTION OR STREET ADDRESS~~ Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville Rt 2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Solomon (Middle) (Last) Brown
4. DATE OF DEATH: (Month) 12 (Day) 19 (Year) 1954
5. SEX: M
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: 1868
9. AGE last birthday: 86 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: Daffney Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: Madeline Day R. H. 77.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
IMMEDIATE CAUSE (A) DUE TO Arteriosclerosis Generalized — INTERVAL BETWEEN ONSET AND DEATH Several Yrs
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/9, 1954 to 12/19, 1954 that I last saw the deceased alive on 12/19, 1954, and that death occurred at 10 40 M, from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS Easton DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Dec 21-54
NAME OF CEMETERY OR ~~CREMATORY~~ Beaumont
LOCATION (City, town, or county) (State) Rural Centreville Md

DATE REC'D BY LOCAL REGISTRAR 12/20/54
REGISTRAR'S SIGNATURE N. H. Nevett
24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville Md

RECEIVED
JAN 10 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11909 12067

CERTIFICATE OF DEATH

Reg. Dist. No. 290

Items 11,13,14 FilmG176 1-25-58 et

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 40 20
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Hurlock 9½-2
STREET ADDRESS (If rural give location) R#1 Box 59, Hurlock, Md.

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) (Last) Cardwell

4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 19 57

5. SEX: F.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.
8. DATE OF BIRTH:
9. AGE last birthday 47 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Blakeley, Ga.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charlie Hills
14. MOTHER'S MAIDEN NAME: Rachel Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Laura McCoy 2017 Bates Eustis Florida

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592X
IMMEDIATE CAUSE (A) Congestive heart failure (?)
ANTECEDENT CAUSE (B) DUE TO Chronic glomerulo nephritis (?)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (a) nephrotic type
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/26, 19 57, to 12/27, 19 57, that I last saw the deceased alive on 12/27, 19 57, and that death occurred at 4 P. M, from the causes and on the date stated above.
SIGNATURE Norman Freeman M. D. ADDRESS Cambridge Maryland DATE SIGNED 12/29/57

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF Dec. 28, 57
NAME OF CEMETERY OR CREMATORY Anatomical Board
LOCATION (City, town, or county) (State) Baltimore Md
DATE REC'D BY LOCAL REGISTRAR 12/29/57
REGISTRAR'S SIGNATURE M. H. Merritt
24. FUNERAL DIRECTOR Norman D. Marshall
ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-63

RECEIVED
JAN 10 1955
BUREAU V. S.

11910

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11912

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY: TALBOT — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EASTON — LENGTH OF STAY (in this place): 4 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: DUKE STREET

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EASTON
STREET ADDRESS (If rural, give location): DUKE STREET

3. NAME OF DECEASED (Type or Print): (First) WILHEMINA (Middle) FISHER (Last) CHEEZUM

4. DATE OF DEATH: (Month) DEC. (Day) 30 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JULY 10, 1885

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN FISHER

14. MOTHER'S MAIDEN NAME: DORIS HOLTHOUSE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: MRS. EARL C. HENRY, DUKE ST. EASTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction, Acute	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 20, 1954, to Dec. 20, 1954, that I last saw the deceased alive on Dec. 20, 1954, and that death occurred at 12:40 a.m., from the causes and on the date stated above.

SIGNATURE: Stephen Keech Jr. (Degree or title) M.D. ADDRESS: Easton, Md. DATE SIGNED: 12/30/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: JAN. 4, 1955 — NAME OF CEMETERY OR CREMATORY: SPRINGHILL CEMETERY — LOCATION (City, town, or county) (State): EASTON, MARYLAND

DATE REC'D BY LOCAL REG.: 12-31-54 — REGISTRAR'S SIGNATURE: N. H. Meeres

24. FUNERAL DIRECTOR ADDRESS: W. Hampton Carroll, Easton, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 3 1965
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11913

11911 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 2days 9 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marydel
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Rhoda (Middle) Lovely (Last) Combs

4. DATE OF DEATH. (Month) December (Day) 5 (Year) 1954

5. SEX F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: December 1885

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) North Carolina

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: — ? Harris

14. MOTHER'S MAIDEN NAME: — ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Willard Roach (Son) Marydel Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 da

ANTECEDENT CAUSE (B) DUE TO Hypertension — Malignant — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Diabetes mellitus — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: No

19B. MAJOR FINDINGS OF OPERATION no

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/3 1954, to 12/5 1954, that I last saw the deceased alive on 12/5, 1954, and that death occurred at 7:35 P. M, from the causes and on the date stated above.

SIGNATURE William L. Winters M. D. ADDRESS Easton Md. DATE SIGNED 12-6-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12-8-54 | NAME OF CEMETERY OR CREMATORY Glenwood | LOCATION (City, town, or county) (State) Smyrna Del.

DATE REC'D BY LOCAL REGISTRAR 12/6/54 | REGISTRAR'S SIGNATURE M. H. Merrick | 24. FUNERAL DIRECTOR J. Webb Jones | ADDRESS Smyrna, Del.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11929

11914

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Easton
LENGTH OF STAY (In this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Golesboro Neck

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Easton
STREET ADDRESS (If rural, give location) Golesboro Neck

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Banks	Coursey	Dec.	27	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Widower	Sept. 9 1877	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Laborer	Farming	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No None		Jay G. Ringler, Easton, R.D. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic heart disease with	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac hypertrophy and Myocardial	
	(c) insufficiency	1 hour,

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/1/54, to 12/27/54, that I last saw the deceased alive on 12/27/54, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Francis E. Moore M.D.		18 W Dora St Ceylon Md	12/27/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 29 1954	Richards Cemetery	Easton, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-28-54	A.A. Norris	W. Frampton Caudle	Easton Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11915

11930 CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe,
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) Adella (Last) Dawson

4. DATE OF DEATH. (Month) Dec. (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE. white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: May 24, 1887

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days. IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Talbot Co., Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George Dexter

14. MOTHER'S MAIDEN NAME: Annie E. Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Robert Dawson - Trappe, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157x

IMMEDIATE CAUSE (A) Carcinoma Head of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 months.

DUE TO

ANTECEDENT CAUSE (S) (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. HYPERTENSIVE CARDIOVASCULAR DISEASE — 30 yrs.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 19 49, to 12/14, 19 54, that I last saw the deceased alive on 12/13, 19 54, and that death occurred at 7 A. M, from the causes and on the date stated above.

SIGNATURE Hugh Reese Jr. M. D. ADDRESS Easton, Md. DATE SIGNED 12/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial

DATE THEREOF: 12-16-54

NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery

LOCATION (City, town, or county) (State): Easton, Talbot Co. Md.

DATE REC'D BY LOCAL REGISTRAR: 12-17-54

REGISTRAR'S SIGNATURE: N. B. Nevins

24. FUNERAL DIRECTOR: Maurice E. Newnam & Son ADDRESS: Easton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11916

11912

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON
LENGTH OF STAY (in this place) 17 hrs. 15 mins
HOSPITAL ~~OR INSTITUTION OR STREET ADDRESS~~ Memorial 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) H. (Last) Flowers, Jr.

4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: Oct. 1, 1926

9. AGE last birthday 28 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: merchant

11. BIRTHPLACE (State or foreign country): Del.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Mr. William H. Flowers

14. MOTHER'S MAIDEN NAME: Bessie Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Wm H Flowers (father) Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Hemorrhagic pancreatitis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/17, 1954, to 12/18, 1954 that I last saw the deceased alive on 12/18, 1954, and that death occurred at 9.45 AM, from the causes and on the date stated above.

SIGNATURE OF M. D. [signature] ADDRESS Easton Memorial Hosp. DATE SIGNED 12-19-1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12/22/54

NAME OF CEMETERY OR CREMATORY Lawns Croft

LOCATION (City, town, or county) (State) New Marcus Hook, Pa.

DATE REC'D BY LOCAL REGISTRAR 12-19-54

REGISTRAR'S SIGNATURE M. H. Meares

24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

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DEC
BUREAU OF E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11917

11913

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 605 E. Dover St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton "
STREET ADDRESS (If rural give location) 605 E. Dover St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Douglas (Last) Johnson

4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Mar. 20, 1867

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR, Months 8 Days 18 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Farms, Retired

11. BIRTHPLACE (State or foreign country): Royal Oak Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Noah Johnson

14. MOTHER'S MAIDEN NAME: Louisa Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Frances Brummal, Easton, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hypertensive Arteriosclerotic Heart

ANTECEDENT CAUSE (S) DUE TO (B) Stroke with Cardiac Hypertrophy and

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Myocardial Insufficiency"

INTERVAL BETWEEN ONSET AND DEATH: 1 Year.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/5, 1954, to 12/8, 1954, that I last saw the deceased alive on 12/8, 1954, and that death occurred at 6. A.M, from the causes and on the date stated above.

SIGNATURE Frank E. Mason M.D. ADDRESS 18 W Dover St Easton Md DATE SIGNED 12/8/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Dec. 11, 1954

NAME OF CEMETERY OR CREMATORY St Paul Cemetery

LOCATION (City, town, or county) (State) Easton, R.D. Md

DATE REC'D BY LOCAL REGISTRAR 12/9/54

REGISTRAR'S SIGNATURE M.A. Reeves

24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15—10-53

11918

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11911

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton; LENGTH OF STAY (in this place) 1 da 8 hrs. 25 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annes; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester 17 x - ; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) ARthur (Middle) (Last) Little

4. DATE OF DEATH: (Month) 12 (Day) 1 (Year) 1954

5. SEX: M. | 6. COLOR OR RACE: B | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: 58 7 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Little

14. MOTHER'S MAIDEN NAME: Mary Anne White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Lucille Pulley (friend) Chester Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Lobar pneumonia

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/29 ..., 1954 to 12/1 ..., 1954, that I last saw the deceased alive on 12/1 ..., 1954, and that death occurred at 12:25 AM, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS Chester Maryland DATE SIGNED 12-3-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 12/4/54 | NAME OF CEMETERY OR CREMATORY Chester | LOCATION (City, town, or county) Chester (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/2/54 | REGISTRAR'S SIGNATURE M. A. Merrick | FUNERAL DIRECTOR Edgar L. Lane | ADDRESS Church Hill, Md.

VS. A11—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEC 17 1921
BUREAU N. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11919

11915

CERTIFICATE OF DEATH

Reg. Dist. No. 890

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

40-742034-16

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rhodesdale
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Shirleen (Middle) (Last) Macer

4. DATE OF DEATH: (Month) Dec (Day) 14 (Year) 1954

5. SEX: female | 6. COLOR OR RACE: negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single | 8. DATE OF BIRTH: Dec 1, 1954 | 9. AGE last birthday yrs. | IF UNDER 1 YEAR Months Days 13 | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stephen Alben Wongus | 14. MOTHER'S MAIDEN NAME: Mildred Macer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO none | 17. INFORMANT & ADDRESS: Mildred Macer, Rhodesdale Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Pneumonia	1 wk
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Heart Failure	2 days

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/9 19 54 to 12/14 19 54 that I last saw the deceased alive on 12/14 19 54, and that death occurred at 10:32 AM, from the causes and on the date stated above.
SIGNATURE John S. Bayliss M. D. ADDRESS 214 Dover St Easton Md DATE SIGNED 12/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12-16-54 | NAME OF CEMETERY OR CREMATORY Rhodesdale | LOCATION (City, town, or county) Rhodesdale (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-15-54 | REGISTRAR'S SIGNATURE N. Md. Nevers | 24. FUNERAL DIRECTOR Stephen Wongus ADDRESS Rhodesdale Md.

11916

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11916 CERTIFICATE OF DEATH

Reg. Dist. No. 890

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (In this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg, Md.
STREET ADDRESS (If rural give location) 308 Park Avenue.

3. NAME OF DECEASED: (Type or Print) (First) Gilbert (Middle) Alson (Last) Magee

4. DATE OF DEATH: (Month) December (Day) 27 (Year) 1954

5. SEX M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH May 7, 1901

9. AGE last birthday 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Winfield Magee

14. MOTHER'S MAIDEN NAME: ~~Katherine Magee~~ Mary Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Katherine Magee (sister) Fed. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

444X IMMEDIATE CAUSE (A) Heart Failure

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertension DUE TO

(C) Infarcts of kidneys

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19...., to ....., 19....., that I last saw the deceased alive on ....., 19...., and that death occurred at ∅ P. M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Easton Memorial Hosp. DATE SIGNED 12-29-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12/31/54

NAME OF CEMETERY OR CREMATORY Federal Hill

LOCATION (City or town) Federalsburg (County) (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12/28/54

REGISTRAR'S SIGNATURE M. H. Nevitt

24. FUNERAL DIRECTOR J. D. Trumpington

ADDRESS Trappe, Federalsburg

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11921

11917 CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN: Easton, Md.
LENGTH OF STAY (in this place): 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ------

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - St. Michaels, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) H. (Middle) MORTON (Last) MERRIMAN

4. DATE OF DEATH: (Month) December (Day) 30, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 16, 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Lt.

10b. KIND OF BUSINESS OR INDUSTRY: U. S. NAVY

11. BIRTHPLACE (State or foreign country): Waterbury, Conn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry M. Merriman

14. MOTHER'S MAIDEN NAME: Mary Hemming Way

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 220-01-9361A

17. INFORMANT & ADDRESS: H. M. Merriman, Jr., Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Bronchial pneumonia.	4 da
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cerebral Thrombosis + R. hemiplegia.	10 da
	DUE TO (c) Generalized Arteriosclerosis.	1 year

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none **19b. MAJOR FINDINGS OF OPERATION:** none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): no — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): no — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from June, 1954, to 12-30, 1954, that I last saw the deceased alive on 12-30, 1954, and that death occurred at 9.45 A.m., from the causes and on the date stated above.

SIGNATURE: William L. Winters — (DEGREE OR TITLE) M.D. — ADDRESS Easton Md — DATE SIGNED 12-31-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Jan 3, 1955 — NAME OF CEMETERY OR CREMATORY: Arlington Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 1-2-55 — REGISTRAR'S SIGNATURE: N. H. Merrill

24. FUNERAL DIRECTOR — ADDRESS: S. Hambleton Harrison, St. Michaels, Md.

RECEIVED
AUG 1975
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11922

11918 CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cordova
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Katie (Middle) (Last) Hahn

4. DATE OF DEATH: (Month) Dec (Day) 28 (Year) 1954

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH: March 9, 1873 9. AGE last birthday 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 10B. KIND OF BUSINESS OR INDUSTRY: Own Home 11. BIRTHPLACE (State or foreign country): Germany 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: — Kruze 14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No 16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) —

17. INFORMANT & ADDRESS: Frank Kuethmann Easton Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: (3)

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary atherosclerotic heart disease — (3)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1954, to Dec 28, 1954, that I last saw the deceased alive on Dec 24, 1954, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS Easton Md. DATE SIGNED Dec 30 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF Dec 31, 1954 — NAME OF CEMETERY OR CREMATORY St. Paul's Church — LOCATION (City, town, or county) Rural Cordova (State) Md

DATE REC'D BY LOCAL REGISTRAR 12-30-54 — REGISTRAR'S SIGNATURE N. H. Merrick — 24. FUNERAL DIRECTOR Edel Lad — ADDRESS Easton Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11923

11919 CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH.
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital Easton, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) Mt. Pleasant

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) MAYNARD (Last) OMAN

4. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 3-12-75 | 9. AGE last birthday 79 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Optometrist
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Peter S. Oman
14. MOTHER'S MAIDEN NAME: Lydia E. Lohr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Dr. Frank W. Oman (son) Easton Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Slater As thenia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-17-, 1954, to 12-17, 1954, that I last saw the deceased alive on 12-17, 1954, and that death occurred at 6:20 P. M, from the causes and on the date stated above.

SIGNATURE Ronald S. Bartlett M. D. ADDRESS Easton Md. DATE SIGNED 12-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 12-21-54 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 12-18-54 REGISTRAR'S SIGNATURE N. H. Meredith

24. FUNERAL DIRECTOR Peter D. Williams ADDRESS Easton Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11924

11920 CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton Rt 4
LENGTH OF STAY (In this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Neavitt
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Viola (Middle) J (Last) PARLETT

4. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: July 22 - 1895

9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William A. Jones

14. MOTHER'S MAIDEN NAME: Margaret J. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO arteriosclerotic cardiovascular d

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/12, 1954, to 12/17, 1954, that I last saw the deceased alive on 12/17, 1954 and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS St Michaels Md. DATE SIGNED 12-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Dec. 20, 1954 — NAME OF CEMETERY OR CREMATORY: Neavitt Cemetery — LOCATION (City, town, or county) (State): Neavitt Md

DATE REC'D BY LOCAL REGISTRAR: 12-16-54 — REGISTRAR'S SIGNATURE: N. H. Nelms

24. FUNERAL DIRECTOR: Hambleton & Harrison — ADDRESS: St. Michaels Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11925

11931 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
LENGTH OF STAY (In this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Grant (Middle) Daniel (Last) Price

4. DATE OF DEATH: (Month) 12 (Day) 7 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 10/2/12 | 9. AGE last birthday: 42 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Grant Wilson Price
14. MOTHER'S MAIDEN NAME: Maggie E Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Maggie E. Morris

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-30, 19 54, to 9-30, 19 54, that I last saw the deceased alive on 9-30, 19 54, and that death occurred at 7 PM, from the causes and on the date stated above.

SIGNATURE Kent Leeds ADDRESS M.D. Queen Anne DATE SIGNED 12-8-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12/11/54 | NAME OF CEMETERY OR CREMATORY Chapel Cem | LOCATION (City, town, or county) (State) Chapel Md.

DATE REC'D BY LOCAL REGISTRAR 12/11/54 | REGISTRAR'S SIGNATURE N. A. Meeres | 24. FUNERAL DIRECTOR James E Daniell ADDRESS Easton, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

Revised

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12068

11921

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1 PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton RD 20
LENGTH OF STAY (in this place) 34 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural give location) R.D. #1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) A. (Last) Schlegel
4. DATE OF DEATH: (Month) Dec. (Day) 14, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	W.	Widowed	Dec 2, 1880	74 yrs				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
H. W.		Maryland	U.S.A.

13. FATHER'S NAME: Mr John L. Green
14. MOTHER'S MAIDEN NAME: Anna Mae

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	unknown	John G. Schlegel, Jr. Denton, Md. R.D. #1

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Carcinoma of the stomach	?
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Chronic [illegible]	?

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11, 1954 to 12/14, 1954 that I last saw the deceased alive on 12/14, 1954, and that death occurred at 8:20 A.M., from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 18, 1954	Ridgely	Ridgely Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/15/54	T. A. Meeres	Ridgely Memorial Funeral Home	Denton Md.

VS. A15—10-63

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12069

11922 CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH. COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 47 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) F. (Last) Simpson

4. DATE OF DEATH: (Month) DEC. (Day) 21 (Year) 1954

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed 8. DATE OF BIRTH. Aug. 25, 1861 9. AGE last birthday 93 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr James Hopper (Hooper)

14. MOTHER'S MAIDEN NAME: Elizabeth Busey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Mr. Bacey Simpson - (Geneva, Illinois (Haywood)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 IMMEDIATE CAUSE (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 11/3/54

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerosis — 25 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/4, 1954 to 12/21, 1954 that I last saw the deceased alive on 12/21, 1954, and that death occurred at 10:40 A.M., from the causes and on the date stated above.

SIGNATURE M. V. Palmer M. D. ADDRESS DATE SIGNED 12/22/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12-23-54 — NAME OF CEMETERY OR CREMATORY Chesterfield — LOCATION (City, town, or county) (State) Centreville Md

DATE REC'D BY LOCAL REGISTRAR 12-22-54 — REGISTRAR'S SIGNATURE N. H. Meeser

24. FUNERAL DIRECTOR Barton Bros. ADDRESS Centreville, Maryland

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11926

11923

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1064234404

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 18 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville R.F.D.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Robert (Middle) E. (Last) Ingram
4. DATE OF DEATH: (Month) (Day) (Year) 12 / 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: June 10 1957
9. AGE last birthday: 5 mos. yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Raymond Ingram
14. MOTHER'S MAIDEN NAME: Vivian Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Raymond B. Taylor Centreville Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Chronic pneumonitis, left — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/29, 1954 to 12/1, 1954 that I last saw the deceased alive on 12/1, 1954, and that death occurred at 12:45 P.M., from the causes and on the date stated above.
SIGNATURE OF M. D. [signature] ADDRESS Easton Md. DATE SIGNED 12/2/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 12/2/54
NAME OF CEMETERY OR CREMATORY: Chesterfield
LOCATION (City, town, or county) (State): Centreville Md.

DATE REC'D BY LOCAL REGISTRAR: 12-1-54
REGISTRAR'S SIGNATURE: M. A. Meares
24. FUNERAL DIRECTOR: Edgar L. Lane ADDRESS: Church Hill, Md.

RECEIVED
DEC 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11927

11924

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 48 Hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newcomb
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) J. (Last) WARNER

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: July 29, 1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HSWife.

10B. KIND OF BUSINESS OR INDUSTRY: H&W

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roof's JERNON

14. MOTHER'S MAIDEN NAME: (Anne) Carey.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Lewis G. WARNER. Husband - Newcomb, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331.2 IMMEDIATE CAUSE (A) cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSE (B) DUE TO (B) arteriosclerotic cerebrovascular — —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Essential Hypertension severe

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-24, 1954 to 12-26, 1954, that I last saw the deceased alive on 12-26, 1954, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS St Michaels Md. DATE SIGNED 12-26-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12/29/54 | NAME OF CEMETERY OR CREMATORY Christ Cemetery | LOCATION (City, town, or county) St Michaels, Md (State)

DATE REC'D BY LOCAL REGISTRAR 12/27/54 | REGISTRAR'S SIGNATURE N. H. Nevins | 24. FUNERAL DIRECTOR Hamilton & Harrison | ADDRESS St Michaels Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11928

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11925

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton Rfd; LENGTH OF STAY (in this place) 24 days; HOSPITAL OR ~~INSTITUTION OR STREET ADDRESS~~ Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxford Rfd; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Henry (Middle) (Last) Wilcox

4. DATE OF DEATH: (Month) 12 (Day) 7 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: March 27, 1887

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairy Keeper

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. William Henry Wilcox

14. MOTHER'S MAIDEN NAME: Sally Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Rose Wilcox Oxford Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Parkinson's

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION Autopsy

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/14 ..., 1954 to 12/9 ..., 1954 that I last saw the deceased alive on 12/9 ..., 1954, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE William Harrison M.D. ADDRESS Easton Maryland DATE SIGNED 3 Dec 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF 12/13/54

NAME OF CEMETERY OR CREMATORY Oxford

LOCATION (City, town, or county) (State) Oxford Md

DATE REC'D BY LOCAL REGISTRAR 12-10-54

REGISTRAR'S SIGNATURE N. H. Merrick

24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS

DEC 1
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

11926 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

D.O.A. 11929

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (In this place) 40
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) Rt 1

3. NAME OF DECEASED (Type or Print): (First) Rita (Middle) Ann (Last) Wilson

4. DATE OF DEATH: (Month) Dec (Day) 17 (Year) 1954

5. SEX: female

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: Oct 27, 1953

9. AGE last birthday: yrs. If under 1 year: Months 2 Days 21 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hugh Wilson

14. MOTHER'S MAIDEN NAME: Rosanna Hayman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Rosanna Hayman, Easton, Md mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

779.0

Immediate cause (a) Transition - Cause undetermined

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Louis Mehrtz M.D. DME — ADDRESS Easton Md — DATE SIGNED 12-27-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 12-29-54 — NAME OF CEMETERY OR CREMATORY Preston — LOCATION (City, town, or county) Preston — (State) Md

DATE REC'D BY LOCAL REG. 12/28/54 — REGISTRAR'S SIGNATURE M.H. Neered

24. FUNERAL DIRECTOR James B Barnhill — ADDRESS Easton Md

4004482406

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 3 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11930

11927 CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
LENGTH OF STAY (in this place) 4 hrs. 0 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rhodesdale 09x-2
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (First) LORETTA (Middle) Mae (Last) Wongus
4. DATE OF DEATH: (Month) 12 (Day) 1 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	Col	Single	Jan. 6 1954	10 mos				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Wongus
14. MOTHER'S MAIDEN NAME: Edna Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: James Wongus father (Same)

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
525 X IMMEDIATE CAUSE	(A) Right Cerebral Coronary Thrombosis	
ANTECEDENT CAUSE (S)	DUE TO (B) Chronic Hypertension	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) Arrested	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1 1954 to 12/1 1954 that I last saw the deceased alive on 12/1 1954 and that death occurred at 5:00 P.M. from the causes and on the date stated above.
SIGNATURE [signature] M. D. ADDRESS Easton Memorial Hosp. DATE SIGNED 12-3-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-3-54	Rhodesdale	Rhodesdale Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-2-54	M. H. Nevins	J. J. Trampton Son	Federalsburg Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15—10-53

41145874

RECEIVED
DEC 13 1954
BUREAU V. S.